

Measuring quality in home health

ISSUE: Is it feasible to compare the quality of agencies in the home health sector?

KEY POINTS: In 2003, MedPAC began a concerted effort to find ways to align the incentives of Medicare's payment systems with improving the quality of care. In 2004, we examined quality measurement for Medicare Advantage plans and dialysis facilities and physicians and found that it was feasible in those sectors to attach a portion of payment to quality. We will continue our effort this year by determining whether other sectors are ready for similar changes. This paper explores the home health sector.

MedPAC has developed four criteria for considering quality measurement:

- ! Are evidence based, well-accepted measures available?
- ! Can data be collected in a standardized way without undue burden on providers or CMS?
- ! Do the measures have adequate risk adjustment?
- ! Can providers improve the measured performance?

We will consider several measure sets for home health. CMS has developed the Outcome Based Quality Indicators (OBQIs), derived from the OASIS patient assessment. These measure clinical and functional outcomes such as improvement in bathing. The RAND corporation and Pfizer collaborated to create the Assessing Care of Vulnerable Elders (ACOVE) measure set. These include process measures such as asking patients about falls. We will also look at measures of patient perception of care.

ACTION: This is the initial presentation on this topic to orient and inform the Commission. Staff seeks Commissioners' input on the subject and guidance for our analysis; in particular, whether there are quality measures sufficient to differentiate providers based on quality.

STAFF CONTACT: Sharon Bee Cheng (202-220-3712)